

Christine Wolff, Principal



Jill Briscoe, Assistant Principal  
Shalonda Brooks Assistant Principal  
Deborah Collin, Assistant Principal

# Dr. John Long Middle School

2025 Mansfield Boulevard Wesley Chapel, Florida. 33543  
813-346-6200

## SUMMER BASKETBALL CAMP

WHO: Entering 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup> grade next year

WHEN: Monday, July 22nd – Thursday, July 25th from 8:30am – 12:30pm

Come out to learn a variety of skills, including passing, dribbling, rebounding, shooting and defense. Have fun playing games and contests!

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Student Number: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

For more information: Coach Barrios [abarrios@pasco.k12.fl.us](mailto:abarrios@pasco.k12.fl.us) (813) 346-6200

**\*\*PLEASE MAKE \$65 CHECK PAYMENT PAYABLE TO: JLMS**  
New students & incoming 6<sup>th</sup> graders Drop or mail your check  
John Long students should pay online using the parent My student account

**\*\*REGISTRATION DEADLINE IS FRIDAY, JULY 12, 2019.**

**\*\*\*ONSITE SECURITY WILL NOT BE PROVIDED FOR THIS ACTIVITY.**

I \_\_\_\_\_ give permission for my child to participate in the JLMS Summer Basketball Camp. My child has received a physician’s clearance to participate in physical activities such as this, and I agree to provide transportation if we live outside of the school’s walking radius. I am aware that there will not be onsite security for this activity.

**\*Refunds will not be given for ILLNESS and NO SHOWS past the deadline date.**

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_